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THE RELATION OF THE PRIVATE DUTY NURSE TO THE
PUBLIC, AS A SOCIAL WORKER¹

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Get your meaning first of all! Ask the question until it is answered past question, What am I? What do I stand for? What name do I bear in the register of forces?—*William Gannett.*

The private duty nurse has always been doing social work, whether she has known it or not. Just what grade of work it has been, has depended largely on the individual woman. Few people, in any capacity, have a greater opportunity to do social work than trained nurses, and surely none are better equipped to handle certain social questions than the nurse with social training. However, this paper is not to deal entirely with the nurse who has had social training, but with all nurses, wheresoever and howsoever situated.

To realize something of the far-reaching influence that radiates from the activities of a nurse, be she in ever so obscure a family, definitely points out her responsibility to the social fabric. I have known communities aroused to social action entirely through the message of a nurse, and I have known community action smothered and killed by spineless placidity or by well-meaning porcupines. The business of a nurse is eternal interpretation. She delivers the message and waits the answer, and fights off the "bugaboos" along the route. There is hardly a corner of this big land of ours that her route has not covered, hence the necessity for having this medium of interpretation, the best equipped. The more isolated a nurse is from nursing activities, the greater is her influence in social work.

I should suggest the best possible nurse for developing rural communities for the same reason that the best ministers should be in country churches, for it is here that each has the biggest opportunity to do really lasting good. It is here, too, that the nurse of refinement, education and training is most necessary. The imprint of a nurse's influence upon her own work and that of other nurses is well-nigh indelible through her intimate relationships to family machinery. Nothing is harder to erase than impressions nurses leave, and woe betide her successor whatever she was. If good favor followed her, one has to step lively to keep up to the Miss Perfection who preceded, and if ill-favor starred her course, the discredit mark placed opposite all

¹ Read at the twentieth annual convention of the American Nurses' Association, May 1, 1917.

nurses' names will take a long time to wipe out, if it can ever be wholly effaced.

I name the three requisites: refinement, education, and training in the rotation that should prevail, believing that howsoever faulty one's educational advantages may have been, or howsoever meagre one's training school facilities, no truly refined woman can ever leave muddy tracks.

Nurses need to identify themselves with other women's activities and interests. Most of us settle down to too narrow a rut. If "women need education, need economic independence, need political enfranchisement, need social equality and friendship, because without them they are less able to do their duty to themselves and to other neighbors," then how can nurses afford to be negative anywhere?

We stand for life and health, and a stand for any principle must be vital and should make us better, for this is our work; and being workers, we add to the world's worth and increase everybody's share. In order to increase this worth each one must use her power for more intelligent social value.

Today, our system of training women in hospitals is undergoing a great, broadening, educational readjustment. Post-graduate courses, close mingling with other important social agencies are opening up vistas of heretofore closed gardens of endeavor. Every nurse who finds herself in a strange community has only to ponder what seed she may be sowing for future reaping, to realize that she is related to the great whole; whether she puts a spoke or a spike in the wheel of progress, rests with her idea of correlated service.

Many nurses unversed even in the elementary rudiments of social work rush in to straighten out social tangles which require a social expert. Poorly trained social workers itch to handle and mangle medical problems, which shows that intolerance and impatience are daughters of ignorance, and that the better we know our own limitations and appreciate the fitness of others along special lines, the better social work we stand for in our midst.

To call to our help the agencies about us, to fill in the gaps with the service of others who can render it better than we, means coöperative intelligence. Nurses must remember that one's life as an individual in society is not unrelated or isolated, that the most highly individualized person, and the only one who can't work with others, is the inmate of the insane asylum. Whether we make our social service adequate, expert, or poor, rests with our understanding of social efficiency. Let us broaden that understanding.